

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 1 4

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2003

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

§440.225, §440.130

7. FEDERAL BUDGET IMPACT:

04 a. FFY 188,000 \$
b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pg. 6a TN# 03-14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A pg. 6a TN# 99-6

10. SUBJECT OF AMENDMENT:

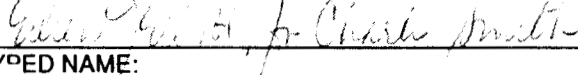
Modification of Post-Detoxification Services

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Charles P. Smith

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

16. RETURN TO:

Roxanne Doty
VT Dept. of PATH
103 South Main Street
Waterbury, VT 05671-1201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 30, 2003

18. DATE APPROVED:

12-19-03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bruce D. Greenstein

Associate Regional Administrator, DMCH

23. REMARKS:

ITEM 13. Other diagnostic, screening preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

2. Substance Abuse Services

Covered substance abuse services include detoxification and rehabilitation services provided in a residential treatment facility approved by the Vermont Office of Alcohol and Drug Abuse Programs. These services may be provided by a physician, psychologist or by a substance abuse counselor certified by the Vermont Office of Alcohol and Drug Abuse Programs.

Professional services provided to residents of approved treatment centers who are in need of detoxification is limited to seven days of service per acute episode.

Professional services provided to residents in need of post-detoxification services is limited to thirty days of services per calendar year.

Professional services provided to residents in need of extended post-detoxification services is available to eligible beneficiaries, as determined by the Office of Alcohol and Drug Abuse Programs, and is limited to 183 days per calendar year.

Professional services provided to non-residents is limited to ninety hours of counseling per episode.

3. Community Mental Health Center Services

Covered services include rehabilitation services provided by qualified professional staff in a community mental health center designated by the Department of Developmental and Mental Health Services. These services may be provided by physicians, psychologists, MSWs, psychiatric nurses, and qualified mental health professionals carrying out a plan of care approved by a licensed physician or licensed psychologist. Services may be provided in any setting; however, services will not be duplicated.

Beneficiaries receiving Community Rehabilitation and Treatment (CRT) services under the 1115 waiver are ineligible for this State Plan service.